

# CCP Trainer's Guide

**Transition to Regular Services Program Training**  
Crisis Counseling Assistance and Training Program

**Module 2**

resilience  
community  
hope  
recovery  
partnership  
outreach



**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
Substance Abuse and Mental Health Services Administration  
[www.samhsa.gov](http://www.samhsa.gov)



**FEMA**

# How To Use This Trainer's Guide

This trainer's guide contains a suggested schedule and learning activities for delivering the required Crisis Counseling Assistance and Training Program (CCP) Transition to Regular Services Program (RSP) Training. This training is focused on helping CCP leadership and staff to reflect on what the program has done thus far, assess current needs, and plan future actions in the RSP.

Trainers are encouraged to adapt and modify how they deliver the course to meet the needs of the specific program, audience, and circumstances, while keeping to the established course purpose and learning objectives. For example, the time available and the number of participants are two factors that would affect how the course is delivered.

This trainer's guide presents a detailed plan of instruction for a 1½-day course. The agendas assume an 8½-hour training day, including 15-minute breaks in the morning and afternoon, and 1 hour for lunch.

The activities and timing of this design are intended for a group of about 25 participants. If the group is smaller, the activities and group discussions may take less time than indicated in this plan of instruction. If the group is larger than 25, you will need to modify the activities in order to fit the time available. For example, when a table exercise is indicated in the design, with reports from each table, you may want to have the participants work in trios and take a few examples to process in the large group, rather than having all of the small groups report out to each other.

The *CCP Trainer's Guide: Transition to RSP Training* provides detailed instructions for suggested talking points and group exercises. It contains images of all slides. If you wish to print the slides out separately, you can do so directly from the PowerPoint file contained on the USB drive in the Trainer's Toolkit.

The *CCP Transition to RSP Training Participant Workbook* contains all the essential content from the slides that participants should have as reference, along with worksheets tailored to the learning activities described in this training manual. The *CCP Transition to RSP Training Participant Workbook* is saved in Word format on the USB drive in the Trainer's Toolkit; please modify the file, as necessary, before having it printed and copied for participants. It is suggested that the *Transition to RSP Training Participant Workbook* be copied on three-hole-punch paper and provided to participants in a three-ring binder.

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## **CCP Trainer's Guide**

### Transition to RSP Training

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# Pre-Training Checklist

Prior to the course, contact the program manager to discuss the following:

## Disaster Specifics

- ☐ Type of disaster
- ☐ Size and scope of disaster
- ☐ Unique dynamics of the disaster
- ☐ Population affected, including special populations and cultural factors

## Program Data

- ☐ RSP start and end dates
- ☐ Size of program—number of providers and counselors, status of recruitment
- ☐ Background and experience of counselors
- ☐ Current status of service provision
- ☐ Request a copy of key program documents:
  - Summary of Immediate Services Program (ISP) data on service provision
  - RSP Application
  - Current Needs Assessment
  - Current Outreach Strategy/Plan of Services
  - Current Staffing Plan/Organizational Chart
  - Maps of the disaster impact
- ☐ Ask the program manager what the protocol is for staff to submit completed data collection forms

## Course Logistics

- ☐ Number of participants:
  - Encourage the program manager to attend the entire training.
  - Make sure any new program staff who missed the Core Content Training attend this training and receive the *CCP Core Content Training Participant Workbook*.
  - Determine whether other stakeholders would benefit from attending the training.
- ☐ Confirm length of course.
- ☐ Location and training facility—training room size and setup
- ☐ Audiovisual support—LCD, computer, easel stands
- ☐ Nametags, markers, etc.
- ☐ Make copies of the *CCP Transition to RSP Training Participant Workbook* and other materials (handouts of program documents, *CCP Job Aid for Crisis Counselors*, etc.)—modify *Participant Workbook* as needed.

## Travel Logistics

- ☐ Flight recommendations
- ☐ Lodging recommendations
- ☐ Reimbursement procedure

**Other Items**

- ☐ Review the training agenda and activities with the program manager.
- ☐ Come to an agreement on how the staff input generated through the training activities will be captured and transferred to the program manager.

**Post-Training**

- ☐ Make recommendations to the program manager about post-training followup—e.g., subsequent meetings, training, or other actions.
- ☐ Submit completed participant evaluations and trainer feedback form to the Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Technical Assistance Center (DTAC). The participant evaluation is at the end of the *CCP Transition to RSP Training Participant Workbook*, and the trainer feedback form appears at the end of this trainer's guide.

<b>Recommended Agenda</b> <b>Transition to RSP Module—1½ Days</b>			
<b>DAY 1</b>		<b>DAY 2</b>	
8:30 a.m.	Welcome and Introductions	8:30 a.m.	Crisis Counseling Services (cont.)
9 a.m.	Getting Started Activity	9:30 a.m.	Data Collection and Program Evaluation
10 a.m.	Transition from ISP to RSP	10:30 a.m.	Stress Management for Staff
11 a.m.	Current Disaster Reactions, Strengths, and Resilience	11:45 a.m.	Team Building Activity
12:30 p.m.	Lunch	12:30 p.m.	Applying Your Learning
1:30 p.m.	Crisis Counseling Services and Interventions		Course Evaluation
	<ul style="list-style-type: none"> <li>• Individual/Family Crisis Counseling</li> <li>• Group Crisis Counseling</li> </ul>	12:45 p.m.	Adjourn
5 p.m.	Adjourn		



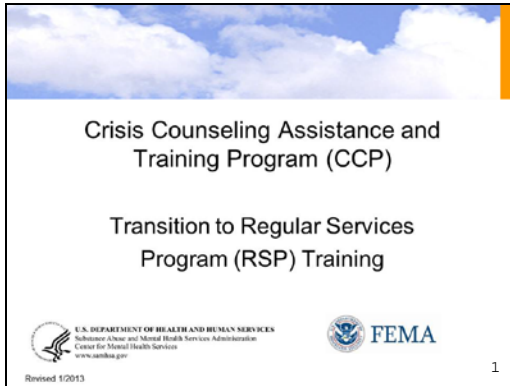
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# Welcome and Introductions

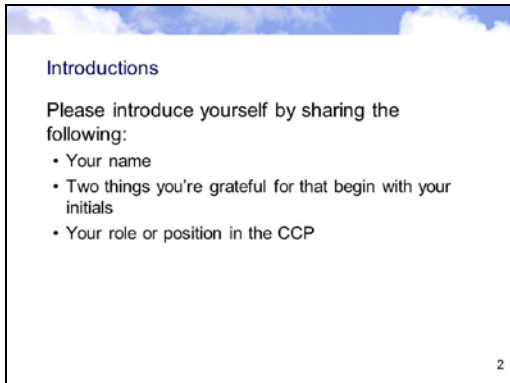
## (1 hour, 30 minutes)

30 Minutes

## WELCOME AND INTRODUCTIONS



**Begin** the course by welcoming participants and introducing yourself.



**Ask** participants to introduce themselves by sharing the following:

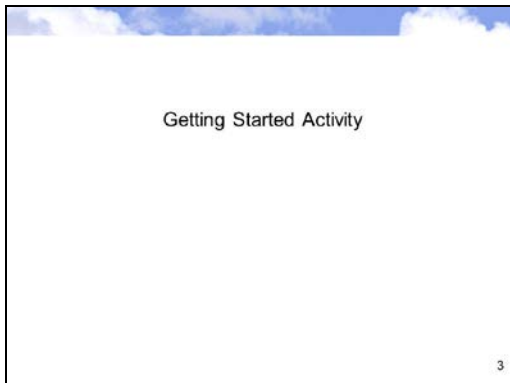
- Their names
- Two things they're grateful for that begin with their initials
- Their roles or positions in the CCP

**Give** an example of the introduction by using your own name—e.g., "I'm Mary Smith, and I'm thankful for my ability to memorize, and for smiles."

**Give** participants a moment to think before starting the introductions.

30 Minutes

## GETTING STARTED ACTIVITY



The purpose of this activity is to provide an opportunity for team building early in the training. The activities suggested below help participants to get to know each other better, in a fun and relaxed way.

### **Activity Option 1—20 Fun Things (30 minutes)**

**Ask** participants make a list of 20 things they do to have fun, using the worksheet in their workbooks. While 20 things may seem like a lot, encourage them to think hard and be creative, and they can certainly come up with at least that many. (10 minutes)

**Invite** participants to stand up and mingle, sharing their lists with each other. Encourage them to share lists with as many people as possible, and to pay attention to things they learn about others that are surprising, or where they have things in common. (10 minutes)

Call an end to the mingling, and have participants post their lists on a wall—making a mosaic of their collective interests. Encourage participants to browse the wall of interests during lunch and breaks. Have them return to their seats.

**Lead** a large-group discussion about what they learned about each other. (10 minutes)

- What were some of the most surprising or unique things you learned?
- What common interests did you discover?
- How might this experience help you to work better as a team?
- How might an activity like this be useful in crisis counseling?

Bring the conversation to a close, and **transition** to the next section on course objectives, agenda, and norms.

### **Activity Option 2—Symbols and Statements Activity (30 minutes)**

**Preparation**—Before the start of the course, prepare and post eight tear sheets around the room and cover them up so they cannot be seen. Four of the tear sheets will relate to part 1 of the activity, the other four to part 2.

#### ***Part 1: Quotes about Disaster (Preparation)***

Prior to the course, choose four quotes that represent different views or attitudes about disaster. Here are several examples:

- “Only after disaster can we be resurrected.” Chuck Palahniuk, Author
- “There’s no disaster that cannot become a blessing, and no blessing that cannot become a disaster.” Richard Bach, Author
- “There are moments when you just have to walk away and cry.” Lou Angeli, Filmmaker
- “Living things have been doing just that for a long, long time. Through every kind of disaster and setback and catastrophe. We are survivors.” Robert Fulgham, Author
- “I always tried to turn every disaster into an opportunity.” John D. Rockefeller, Businessman
- “I beg you take courage; the brave soul can mend even disaster.” Catherine the Great, Russian Czarina

Put one quote on each of four tear sheets, and post them around the room. Cover the tear sheets up so participants cannot see them.

#### ***Part 2: The Role of the Crisis Counselor (Preparation)***

Choose four symbols/objects that could represent various views on the role of the crisis counselor—e.g., a Band-Aid, a bottle of glue, an outstretched hand, a shoulder, a lighthouse, a life preserver, and so on.

Put one symbol on each of four tear sheets, and post them around the room. Cover the tear sheets up so participants cannot see them.

**Part 1: Quotes about Disaster (Instructions)**

- Reveal each of the four quotes about disaster.
- Have participants go stand by the tear sheet they are most drawn to or agree with.
- Each tear sheet should have a small group assembled beside it—if anyone is standing alone, ask the participant to join another group, whichever would be his or her second choice.
- Ask participants to discuss within their groups why they chose this quote—what does it mean to you? What about it do you agree with? (5 minutes)
- Have each group share the highlights of their discussion. (10 minutes)

**Part 2: The Role of the Crisis Counselor (Instructions)**

- Reveal each of the four symbol tear sheets, telling participants that each one represents the role of the crisis counselor in some way.
- Have participants go stand by the tear sheet they most identify with, or one that most closely corresponds with their views on the role of the crisis counselor.
- Each tear sheet should have a small group assembled beside it—if anyone is standing alone, ask the participant to join another group, whichever symbol would be his or her second choice.
- Ask participants to discuss why they chose this symbol—what does it represent for you about the role of the crisis counselor? (5 minutes)
- Have each group share the highlights of their discussion. (5 minutes)
- As you bring this activity to a close, ask participants what they're taking away from this conversation and how it might help them to work better together as a team. (5 minutes)
- Transition to the next segment on course objectives, agenda, and norms.

**Activity Option 3—Personal Crest (30 minutes)**

**Materials needed**—Markers, colored pencils, or crayons in a variety of colors, with several for each participant

**Explain** that a personal crest—like a family coat of arms—is a visual, symbolic representation of a person's identity. You'll be drawing your own personal crest to share with the group.

**Tell** participants not to worry about artistic ability—all crests will be beautiful no matter how they're drawn. Get creative!

Using the worksheet in their workbooks, have participants draw their own personal crests. The crest is divided into four quadrants, and each one has a question assigned to it. Ask participants to answer each question about themselves in pictures, using no words, in the designated place on the crest.

- Top left—What is one strength you bring to the CCP team?
- Top right—What is one thing you need from your CCP team members?
- Bottom left—What is a hidden talent you have?
- Bottom right—What is one value you hold that is very important to you?

**Post** a tear sheet with an outline of the crest and with each question listed in the appropriate quadrant.

**Drawing time**—10 minutes

***Sharing of Crests: “Speed Connecting” (10 minutes)***

Provide the following instructions:

- Stand up, walk around, and find one other person you don’t know well.
- Share your crest with that person, and listen to him or her talk about his or her crest.
- When you are done, find another partner and share.
- Make notes of what you hear in others’ responses.

**Announce** when time is up, and have participants post their crests on a wall—making a mosaic of their collective strengths, needs, talents, and values. **Encourage** them to browse this mosaic during lunch and breaks. Have them return to their seats.

***Large-Group Discussion (10 minutes)***

**Ask** the group for examples of what they saw and discussed in each quadrant:

- What are some examples of the strengths represented on this team?
- What are some examples of the things you need from each other?
- What are some interesting hidden talents you learned about?
- What are some of the important values people hold?

**Ask** the group these questions:

- How might this experience help you to work better as a team?
- How might an activity like this be useful in crisis counseling?

Bring the conversation to a close, and **transition** to the next section on course objectives, agenda, and norms.

## 15 Minutes

## COURSE OBJECTIVES, AGENDA, AND NORMS

**Objectives**

By the end of this course, you will be able to do the following:

- Identify issues that occur when transitioning from Immediate Services Program (ISP) to RSP.
- Define the goals and objectives of the RSP.
- Identify ongoing and emerging disaster reactions related to the current phase of disaster.
- Describe crisis counseling services related to the current phase.
- Practice crisis counseling skills.
- Complete data collection forms correctly.
- Update personal and organizational strategies for managing stress.

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**Review** objectives of the course. Note that the course agenda and objectives appear in the workbook.

**Objectives**—By the end of the course, participants will be able to do the following:

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- Practice crisis counseling skills.
- Complete data collection forms correctly.
- Update personal and organizational strategies for managing stress.

**Emphasize** the organizing theme of this course—reflecting on what the program has done thus far, assessing current needs, and planning future actions for the RSP.

**Course Agenda****Day 1**

8:30 a.m. Welcome and Introductions  
9 a.m. Getting Started Activity  
10 a.m. Transition from ISP to RSP  
11 a.m. Current Disaster Reactions, Strengths, and Resilience  
12:30 p.m. Lunch  
1:30 p.m. Crisis Counseling Services and Interventions  
Individual/Family Crisis Counseling  
Group Crisis Counseling  
5 p.m. Adjourn

**Day 2**

8:30 a.m. Crisis Counseling Services (cont.)  
9:30 a.m. Data Collection and Program Evaluation  
10:30 a.m. Stress Management for Staff  
11:45 a.m. Team Building Activity  
12:30 p.m. Applying Your Learning  
Course Evaluation  
12:45 p.m. Adjourn

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**Review** the course schedule, and discuss how the objectives will be addressed.

Be sure to **cover** logistical details:

- Lunch and break times and locations
- Restroom locations
- Time (follow clock in the room)

**Pause and ask** for participants' reactions or questions, and ask whether they feel there is anything missing from this program.

**Introduce** the *CCP Transition to RSP Training Participant Workbook*, and describe how it will be used during the course. Highlight the following:

- The workbook will be used to convey key concepts covered in the course.
- There is space to make notes as well as capture reflections.
- Reference materials are included for use during and after the course.

#### Guidelines for Working Together

- Keep time (start on time, return from breaks on time, end on time).
- Switch mobile phones off or to "vibrate."
- Participate fully.
- Ask questions freely.
- Balance talking and listening.
- Respect each other's points of view.

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As in any course, having agreed-upon norms is helpful. **Write** the following guidelines on an easel stand, and review them with participants. These guidelines also appear in the *CCP Transition to RSP Training Participant Workbook*.

- Keep time (start on time, return from breaks on time, end on time).
- Switch mobile phones off or to "vibrate."
- Participate fully.
- Ask questions freely.
- Balance talking and listening.
- Respect each other's points of view.

**Ask** the participants to decide on the following:

- If there are any norms they would like to modify
- If any are missing

**Write** any additional guidelines on the easel stand, and **check** to see if everyone can agree to the list. You can keep it light by asking them to shake hands with someone at their table to signify agreement with this "social contract."

15 Minutes

BREAK

# SECTION 1: Transition from ISP to RSP

## (1 hour)

15 Minutes

## SESSION INTRODUCTION

## Section 1—Transition from ISP to RSP

- Goals and Objectives of the RSP
- CCP Timeline
- Program Management Issues
- Program Services Issues

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**Introduce** this session by telling participants that we're going to explore the range of common issues that CCPs face as they transition from an ISP to an RSP, and take some time to identify what this program specifically should pay attention to in the coming weeks.

## Session Objectives

- Identify ISP-to-RSP transition issues.
- Define the goals and objectives of the RSP.

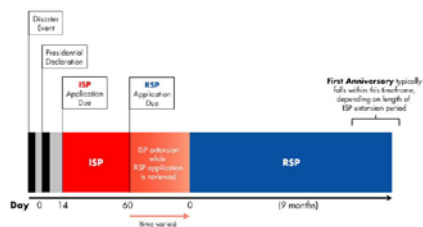
8

**Review** the session objectives:

- Identify ISP-to-RSP transition issues.
- Define the goals and objectives of the RSP.

## CCP Timeline

Where is your CCP in the typical timeline?



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**Explore** the typical CCP timeline in relation to the actual timeline of ISP application and award for the State's state's CCP.

**Ask** these questions:

- Where is your CCP in this timeline?
- How much time has passed since the disaster?
- What are the start and end dates of your ISP?
- What are the start and end dates of your RSP?

**NOTE:** You should find out these dates from the program management prior to the training. The purpose of asking these questions here is to confirm and ensure that all staff know these dates.

Make sure participants are aware that most RSPs last 9 months. This program is time limited in duration.

**Discuss** with participants what this means for individual survivors, the community, and the staff.



### Goals and Objectives of the RSP

During the transition it is important to emphasize the following:

- Reflecting on the ISP—what stands out for you?
  - Successes and accomplishments
  - Challenges
- Looking ahead to the RSP:
  - What do you need to pay attention to during the transition?
  - What do you want to see the RSP accomplish?
  - What challenges do you anticipate?

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Building upon the discussion of where the program is in its transition from ISP to RSP, **facilitate** a large-group discussion on the history of the ISP and what issues training participants must attend to as they start their RSP.

- Reflecting on the ISP, what stands out for you—successes, accomplishments, and challenges?
- Looking ahead to the RSP, what do you need to pay attention to during the transition? What do you want to see the RSP accomplish? What challenges do you anticipate?

You may want to give the participants time at first to reflect individually and make notes on the worksheet in their workbooks. Alternatively, you can have them discuss these questions at their tables before having a large-group discussion. Choose your approach based on the energy of the group—whether they talk easily or are more comfortable working in smaller groups—and also on the time available. Having only a large-group discussion will be shorter than starting with an individual reflection or a table discussion.

**Record** key points from the large-group discussion on a tear sheet.

**Transition** to discussing the goals and objectives of the RSP, building upon this discussion.

30 Minutes

### GOALS AND OBJECTIVES OF THE RSP

### Goals and Objectives of the RSP (cont.)

During the transition it is important to emphasize:

- Ongoing needs assessment
- Continued focus on individual and family services
- Fostering of individual and community resilience
- Continued identification of special populations
- Services of lower intensity and higher volume

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Prior to this session, **list** the items below on two or three tear sheets posted on the wall. **Introduce** this list of typical RSP goals and objectives. **Clarify** what is meant by each one—a focus on the following areas:

- Ongoing needs assessment
- Continued focus on individual and family services
- Fostering of individual and community resilience
- Continued identification of special populations
- Services of lower intensity and higher volume

Goals and Objectives of the RSP (cont.)

Focus on:

- Group crisis counseling, public education, and media messaging
- Targeted outreach to special populations
- Increased community networking
- Assessment and referral
- Resource linkage

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- Group crisis counseling, public education, and media messaging
- Targeted outreach to special populations
- Increased community networking
- Assessment and referral
- Resource linkage

Goals and Objectives of the RSP (cont.)

Focus on:

- Reassessment of training needs
- Continued stress management
- Analysis and use of program data
- Comprehensive quality assurance process
- Program legacy for individuals, community, and staff

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- Reassessment of training needs
- Continued stress management
- Analysis and use of program data
- Comprehensive quality assurance process
- Program legacy for individuals, community, and staff

**Tell** participants to turn to their workbooks, where these goals and objectives are listed.

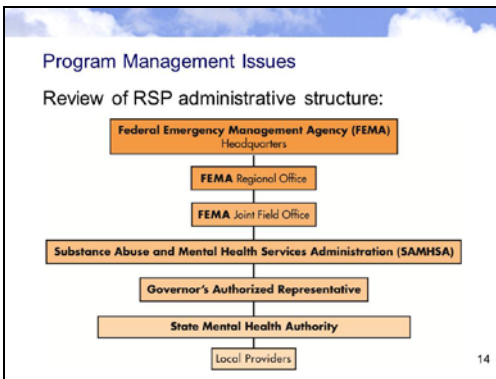
**Ask** them to place a check mark next to the items that they feel are priorities.

**Ask** participants to come up to the tear sheets and place a mark (using a sticker or a marker) next to the ones they feel are priorities.

**Discuss** the results as a group, focusing on each of the items that received the most marks:

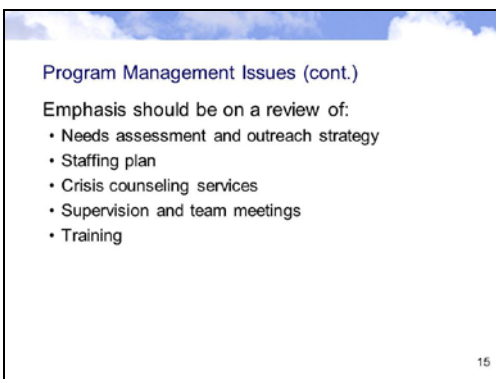
- Why is this one a priority?
- What are some things you can or should do in this area?

**Summarize** the discussion of priorities for the RSP, and segue to a discussion of the program management issues related to transition to RSP.



**Explain** how the RSP administrative structure is different from the ISP structure.

- The State Mental Health Authority (SMHA) applies directly to the Federal Emergency Management Agency (FEMA) for funding.
- Typically, funding flows from FEMA to SAMHSA to the SMHA.
- CCP administrators must be aware of this difference in funding flow to avoid state fiscal mechanism issues.
- Local community behavioral health providers are the provider organizations often contracted to conduct CCP services.
- Partnerships with all stakeholders are crucial during the response and recovery efforts.
- The SMHA also represents U.S. territories and federally recognized tribes and tribal organizations.



**Explain** that during transition, program management should review existing strategies and plans for both provision of services and internal program management.

Suggested talking points:

- Needs assessment and outreach strategy are the foundation of the CCP. Together they make up a continuous process necessary to ensure the relevance of the program for the duration of the effort.
- Staffing plans consider the CCP staff roles and the number of hires for each position and are informed by the needs assessment and existing state and provider structures.
- Training is essential to the quality of service provision and program success. Skilled staff must be trained on expectations and limitations of services and adherence to the CCP model.
- Supervision and team meetings are critical elements of program management in the CCP. In the beginning of the program, teams meet twice daily. Later in the program, teams meet weekly.
- Crisis counseling services will change related to ongoing needs assessment and the phase of the disaster.

#### Program Management Issues (cont.)

The following areas will be reviewed and assessed during the transition to RSP:

- Fiscal management
- Quality assurance
- Stress management
- Data collection and evaluation
- Program media and marketing

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**Discuss** the administrative systems that should be assessed during the transition to ensure services and interventions are being provided efficiently.

#### Program Services Issues

- Survivors' reactions will change over time, resulting in the need for programmatic changes in the RSP.
- There will be an increased need and opportunity for group crisis counseling and public education.
- Survivors may experience deepened anxiety or depression as the new reality of life after disaster sets in.
- While every disaster is different, there are some reactions that can be anticipated.

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**Discuss** some of the anticipated changes in survivor reactions and need for services.

**Emphasize** that these anticipated reactions and needs are based on lessons learned in previous CCPs and disaster behavioral health research.

At the same time, the program must continue to conduct ongoing needs assessment to ensure these anticipated reactions apply to the disaster. Needs assessment should still drive services.

Use these points to **segue** to the next section on disaster reactions.

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## SECTION 2: Current Reactions, Strengths, and Resilience (1 hour, 30 minutes)

10 Minutes

### SESSION INTRODUCTION AND KEY CONCEPTS

#### Section 2—Current Reactions, Strengths, and Resilience

- Review of Key Concepts
- What Individual Reactions Have We Seen?
- What Strengths Have We Seen?
- How Are We Fostering Resilience?

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**Introduce** this session by telling participants that you and they will explore the reactions they are encountering and can expect to encounter in this and coming phases of the disaster. Specifically, you and they will talk about collective, individual, and severe reactions and also about fostering resilience among individuals and in the community.

#### Session Objective

- Identify ongoing and emerging disaster reactions related to the current phase of disaster.

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**Review** the session objective:

- Identify ongoing and emerging disaster reactions related to the current phase of disaster.

#### Review of Key Concepts

Have you observed the following?

- Everyone who experiences a disaster is affected by it in some way.
- People pull together during and after a disaster.
- Stress and grief are common reactions to uncommon situations.
- People's natural resilience will support individual and collective recovery.

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**Begin** by reviewing some of the key concepts of disaster reactions and asking participants if they have observed them to be true thus far.

**NOTE:** These key concepts of transition-related disaster reactions frame the CCP approach to disaster work—a strengths-based model that assumes natural resilience in the majority, while being careful to assess for severe reactions in the minority.


Suggested talking points:

- During and after a disaster, people may function at a level of high activity but low efficiency.
- The use of the word “normal” can be emotionally loaded. “Common” is the preferred adjective.
- The CCP is intended to help people access their natural resilience and develop positive coping skills to diminish disruptions in daily living.

- People have natural resilience; in fact, most survivors will recover to their former functioning levels within 6 to 18 months without outside mental health or substance abuse intervention.

Review of Key Concepts (cont.)

- Typical outcomes of disaster:
  - Some will have severe reactions.
  - Few will develop diagnosable conditions.
  - Most do not seek help or treatment.
  - Survivors often reject help.



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**Review** the typical outcomes of disaster.

**Emphasize** that disaster reactions should always be considered in terms of context and culture.


35 Minutes

## COLLECTIVE AND INDIVIDUAL REACTIONS

Review of Key Concepts (cont.)

Two types of trauma:

- Individual trauma:
  - May cause stress and grief
  - May cause fatigue, irritability, hopelessness, and relationship conflicts
- Collective trauma:
  - May damage community support
  - May affect individual coping

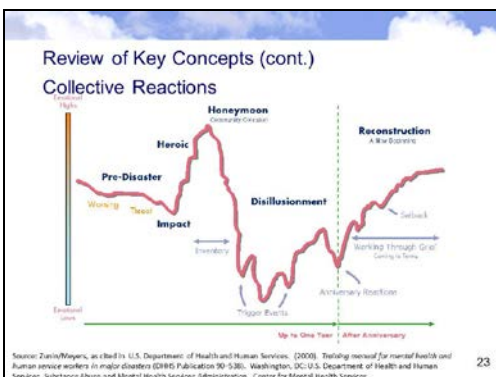


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**Remind** participants of the distinction between individual and collective trauma.

- The CCP addresses both individual (survivors, families of survivors, and other affected people) and collective (community) trauma.
- Individual trauma is an emotional or psychological injury usually resulting from an extremely stressful or life-threatening situation.
- Collective trauma is a traumatic psychological effect shared by a group of people of any size, up to and including an entire society. Traumatic events witnessed by an entire society can stir up collective sentiment, often resulting in a shift in that society's culture and mass actions.

**Tell** participants that you will focus on collective trauma reactions first.



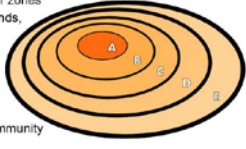
**Show** the phases of disaster graph, and explain that this graph illustrates a typical disaster and the associated emotional highs and lows. Every disaster is different and unique, and in a few minutes we'll personalize this graph to fit this specific disaster.

**Ask** participants what phase they currently are in.



**Review of Key Concepts (cont.)**  
**Risk Factors—Population Exposure Model**

A. Injured survivors; bereaved family members  
 B. Survivors with high exposure to disaster trauma or evacuated from disaster zones  
 C. Bereaved extended family and friends, first responders  
 D. People who lost homes, jobs, or possessions; people with preexisting trauma and dysfunction; special populations; other disaster responders  
 E. Affected people from the larger community



Adapted from DeWolfe, D. (2002). *Mental health interventions following major disasters: A guide for administrators, policy makers, planners, and providers*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

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**Continue** the discussion of collective reactions by **reviewing** the risk factors—population exposure model. (Adapted by DeWolfe, D. (2002). *Mental health interventions following major disasters: A guide for administrators, policy makers, planners, and providers*. Rockville, MD: U.S. Department of Health and Human Services, SAMHSA, Center for Mental Health Services.)


**Ask** about the reactions of specific groups represented in the model. How have you seen their reactions and needs change over time?

**Note** that more intensive individual/family crisis counseling may be appropriate closer to the center. Educational efforts to build community resilience may be more appropriate for the “outer” groups.

**What Individual Reactions Have We Seen?**

Types of individual reactions:

- Physical
- Emotional
- Cognitive
- Behavioral



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**Review** the range of types of disaster reactions. A summary of the different types of disaster reactions is included in the participant workbook.

Suggested talking points:

- People affected by disaster may experience more than one type of reaction.
- Reactions may change over time.
- Reactions may be more intense if people have experienced the event more directly or have gone through previous trauma or crises.
- Typical reactions can vary by developmental stage.
- Reactions can include positive and negative responses.



What Individual Reactions Have We Seen? (cont.)

With a partner:

- Draw a map of the phases of this disaster—what you've observed to date and projecting into the future.
- Use the template in your workbook.
- Identify the typical individual reactions you're seeing.
- Identify potential future trigger points.

You have 10 minutes.

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**Give** the following task instructions:

- Find a partner.
- Together, draw a map of the phases of this disaster in the workbook—what you've observed to date and projecting into the future.
- Identify the typical individual reactions you're seeing.
- Identify potential future trigger points.

When the pairs are finished (after about 10 minutes), **ask** for examples of the reactions they identified. **Record** these reactions on a tear sheet.

**Facilitate** a discussion about these reactions:

- Are these reactions you also saw in earlier phases?
- Which ones have become worse or better over time?

What Individual Reactions Have We Seen? (cont.)

Anticipated reactions:

- Anger around the limits of governmental assistance and insurance (e.g., "the system," "red tape")
- Increased substance use
- Unaddressed trauma leading to diagnosable conditions such as depression or posttraumatic stress disorder (PTSD)
- Stress from financial hardship as resources diminish
- Frustration and disillusionment at the lack of resources and pace of repairs
- Continued anxiety around dislocation and separation

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**Summarize and reinforce** key points about how reactions change over time using this slide of anticipated reactions.

Additional reactions over time:

- Anxiety about recurrence of the disaster or new disaster
- People taking advantage of survivors with predatory scams or other, similar crimes
- Frustration in finding workers to make home repairs
- Cumulative stress over dislocation and separation from family, friends, and social support network

Survivors who have developed mental health conditions may be at higher risk for substance use or abuse.

**Ask** the participants to share some of the future triggers they identified.

**Ask** how these potential triggers are related to future phases of disaster.

**Ask** what reactions these triggers are likely to produce—for individuals and collectively.

**Summarize** the discussion, adding your own observations about phases of disaster, triggers, and individual and collective reactions.

**Transition** to a discussion of identifying and responding to severe reactions.

## 20 Minutes

## SEVERE REACTIONS

## What Individual Reactions Have We Seen? (cont.)

- The severity of reactions is affected by the type of, level of exposure to, and casualties associated with the disaster.
- Preexisting trauma may increase the risk of severe reactions.
- CCP staff members identify and refer for treatment anyone experiencing severe reactions.
- Preexisting levels of support will affect the severity of reactions.

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**Discuss** the factors that influence severe reactions.

**Note** that while preexisting trauma may increase risk of severe reactions, some survivors with preexisting trauma have increased coping skills and ability to deal with the effects of trauma.

## What Individual Reactions Have We Seen? (cont.)

Severe reactions may be a sign of the following:

- Depressive disorders
- Suicidal behavior
- Substance abuse
- Acute stress disorder
- PTSD
- Dissociative disorders
- Anxiety disorders
- Paranoia
- Social isolation

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**Explain** that severe reactions may signal a range of psychological disorders.

**Emphasize** the following points:

- The treatment of severe reactions is beyond the scope of the CCP; however, the ability to recognize such symptoms is crucial for the crisis counselor to make appropriate referrals.
- CCPs may benefit from staffing structures that have professional behavioral health clinicians supervising paraprofessional crisis counselors. In this way, clinicians are available to support paraprofessionals in the assessment and referral of people exhibiting severe reactions.
- Disasters affect the community infrastructure; therefore, referral resources will vary based on the following:
  - Preexisting community infrastructure
  - Damage to the community infrastructure

## What Individual Reactions Have We Seen? (cont.)

Severe reactions:

- How do you recognize when a reaction becomes severe?
- When does a severe reaction warrant referral?
- How are you using the assessment and referral tools for adults and for children?

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**Facilitate** discussion with the participants about the following:

- How to recognize severe reactions
- How to handle a severe reaction
- When to refer
- How they are currently using the assessment and referral tools

**Recognizing severe reactions**—A reaction is severe when it does the following things:

- Significantly impacts life functioning
- Presents a health or safety risk
- Does not resolve or diminish over time

**When to refer**—When a severe reaction or psychiatric disorder is suspected, the crisis counselor needs to alert the CCP team leader or clinical supervisor immediately. The team leader and crisis counselor should work with the survivor to determine if referral is needed; if so, the crisis counselor should use his or her knowledge of local resources to connect the survivor to needed services. Crisis counselors should check back in with survivors to see if they have followed through with the referral.

**Using the assessment and referral tools**—Using the Adult and Child/Youth Assessment and Referral Tools is a way to keep track of survivors who may be suffering from severe reactions to disaster. As with all issues related to severe reactions and psychiatric disorders, using the tools for this purpose should be done in consultation with CCP team leaders and clinical personnel.

25 Minutes

## STRENGTHS AND RESILIENCE

### What Strengths Have We Seen?

- What individual strengths have you seen?
- What collective strengths have you seen?
- What examples of personal growth have you seen?

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**Ask** participants these questions:

- What kinds of individual and collective strengths have you seen?
- What examples of personal growth have you seen?

Examples of personal growth:

- Becoming closer to loved ones
- Having faith in the ability to rebuild one's life
- Becoming more spiritual or religious
- Finding a deeper meaning and purpose in life
- Discovering inner strength

### How Are We Fostering Resilience?

Resilience is an ability to recover from or adjust easily to misfortune or change.

(Merriam-Webster's online dictionary[11<sup>th</sup> ed.] [n.d.]. Retrieved from <http://www.merriam-webster.com/dictionary/resilience>)



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**Make** the link between strengths and resilience—it is through strengths that we build resilience.

**Remind** participants of the definition of resilience.

Suggested talking points:


- Resilience varies across situations and within individuals at different times.
- The level of resilience in individuals and communities can change and can be fostered.
- It is crucial to recognize people's strengths, as well as the suffering they have experienced.
- While survivors' suffering must be acknowledged, and compassion and empathy conveyed to them, it is also important that those who care for them believe in and support their capacity to master this experience.

- Information and education help people's understanding and should be an integral part of the support and care systems.
- People are helped with mastery of their experience and recovery by all of the following: preparation prior to disaster, information about what has happened, education about common responses to such events, training in what to do to help with psychological recovery, information centers, and ongoing informational feedback to affected communities (National Center for PTSD. [2005]. *Early mental-health intervention for disasters*. Retrieved from <http://www.ptsd.va.gov/professional/pages/early-intervention-disaster.asp>

**How Are We Fostering Resilience? (cont.)**

How have you seen these factors affect survivors' resilience?

- Life situation
- Individual traits and coping styles
- Disaster and trauma experience
- Family and social support
- Spiritual beliefs
- Presence of perceived control and hope
- Availability of accurate information
- An effective and caring emergency response



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**Discuss** the factors that affect resilience. Start by asking how participants have seen these factors affect resilience.

Suggested talking points:

- Some people are at higher risk for or more vulnerable to disaster stress reactions due to their life situations, individual differences, or experiences prior to the disaster.
- Life situation factors include socioeconomic status, education level, and current life stressors.
- Individual traits include coping strategies, capacity to tolerate stress, substance use and abuse, and gender.
- Disaster trauma experience factors include previous disaster experience and losses, and prior trauma or violence history.
- Depending on where people are in terms of these factors (e.g., high versus low capacity to tolerate stress), after a disaster they may be in a resilient state that lessens the effects of trauma and assists them in coping, or they may experience more challenging reactions.
- Probably the most far-reaching, but most easily overlooked, principle of disaster behavioral health emerging from the literature is that people are resilient.
- Even after intense exposure to the most severe disasters, only a minority of the most highly affected population is likely to suffer from PTSD, and most people do not develop any psychiatric disorder.
- Emotional distress is common after exposure to

severely traumatic events.

- Uncomplicated distress should not be confused with psychiatric illness. This kind of confusion unnecessarily pathologizes the healthy population and trivializes the experience of those directly exposed to extremely traumatic events (North, C. S. [2004]. Approaching disaster mental health research after the 9/11 World Trade Center terrorist attacks. *Psychiatric Clinics of North America*, 27, 589–602).

**Transition** to talking about how to foster resilience.

**Make** the point that resilience is not a trait that people either have or do not have. It involves behaviors, thoughts, and actions that can be learned and developed.

**Discuss** the ways crisis counselors can help survivors to develop resilience.

You may want to discuss the following additional points on how to foster resilience:

- Maintain flexibility and balance when dealing with stressful circumstances and traumatic events.
- It is all right to experience strong emotions, but also realize when they may need to be avoided in order to continue functioning.
- Step forward and take action to deal with problems and meet the demands of daily living, while stepping back to rest and reenergize.
- Spend time with loved ones to gain support and encouragement.

**Review** the additional tools crisis counselors can teach survivors.

**Have** participants complete the self-assessment checklist in their workbooks.

**Give** the following instructions:

- Review the list of tools for fostering resilience.
- Make a check mark next to the tools you feel you help survivors to use.
- For the ones you check, make some notes about how you help survivors to use them—be as specific as possible, and identify at least one example for each tool.

How Are We Fostering Resilience? (cont.)

How have you helped survivors to:

- Make realistic plans and take the steps to carry them out?
- Maintain a positive self-image and confidence in their own abilities?
- Utilize effective communication skills?
- Manage strong feelings and impulses?
- Focus on finding solutions?

Adapted from American Psychological Association, & Discovery Health Channel. (2006). *The road to resilience*. Washington, DC. Retrieved from <http://www.apa.org>

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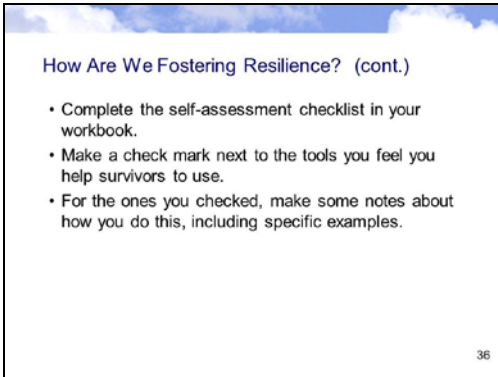
How Are We Fostering Resilience? (cont.)

Which of the following tools have you taught survivors?

- Making connections
- Avoiding seeing crises as insurmountable problems
- Accepting change as a part of living
- Moving toward goals
- Taking decisive action
- Looking for opportunities for self-discovery
- Nurturing a positive view of self
- Keeping things in perspective
- Maintaining a hopeful outlook
- Practicing effective self-care

Adapted from American Psychological Association, & Discovery Health Channel. (2006). *The road to resilience*. Washington, DC. Retrieved from <http://www.apa.org>

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**Facilitate** a discussion about actualizing these survivor tools for resilience. **Ask** the participants to contribute specific examples of how they build resilience. Help participants to see they are building resilience through everything they do with survivors, and encourage them to always keep in mind that their goal is to build resilience.

Bring the session to a close by **telling** participants that after lunch we will continue to work with how to foster resilience and support recovery over time through the range of CCP services. We'll pay particular attention to group counseling.

1 Hour

LUNCH

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## SECTION 3: Services, Interventions, and Skills (4 hours, 30 minutes)

5 Minutes

### SESSION INTRODUCTION

Section 3—Services, Interventions, and Skills

- Needs Assessment and Outreach
- Range of Crisis Counseling Services
- Individuals/Families
- Groups
- Communities
- Public Education and Media Messaging
- Assessment, Referral, and Resource Linkage
- Ethical Considerations
- Cultural Awareness

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**Introduce** this session by telling participants that we're going to spend the rest of this afternoon focusing on needs assessment and outreach, reviewing individual and family counseling skills, and practicing group crisis counseling.

Tomorrow morning we'll spend time discussing the other crisis counseling services, identifying successes to date and areas to focus on going forward.

Session Objective

- Describe crisis counseling services related to the current phase.

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**Review** the session objective:

- Describe the crisis counseling services related to the current phase.

30 Minutes

### NEEDS ASSESSMENT AND OUTREACH STRATEGIES

Needs Assessment and Outreach

Needs assessment:

- Which populations have you targeted and reached?
- Which populations have not been reached?
- Which new populations need to be targeted?

Outreach:

- What are your outreach strategies?
- How successful have they been?
- What new strategies could you use?

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**Start** by saying that:

- Needs assessment is the foundation of outreach and of the entire CCP. The information uncovered in the initial needs assessment provides the rationale and justification for the CCP's existence and identifies the groups who will be targeted for outreach.
- Needs assessment is an ongoing process whereby new information is brought into the program, and program outreach and services are adjusted to meet emergent needs or "discovered" special populations.

Divide the group in half. Assign the table groups in one half of the room to discuss the questions related to needs assessment, and assign the tables in the other half to discuss the questions related to outreach. Give the groups 15 minutes for discussion.



Needs assessment:

- Which populations have you targeted and reached?
- Which populations have not been reached?
- Which new populations need to be targeted?

Outreach strategies:

- What are your outreach strategies?
- How successful have they been?
- What new strategies could you use?

**Facilitate** report-outs from both groups. After you've heard from the needs assessment and outreach groups, **ask** participants these questions:

- Where did you see linkages between what the two groups said?
- Where did you notice gaps or inconsistencies—areas where we need to make sure needs assessment and outreach are working together, not at cross purposes?

**Summarize** the discussion, and transition to a review of the range of crisis counseling services.

Additional talking points:

- The most reliable data on disaster damage generally will come from the FEMA preliminary damage assessment, which can be provided by the FEMA regional office responsible for the disaster response.
- Other important sources of information on crisis counseling needs may include the state emergency management agency (SEMA); voluntary agencies, such as the American Red Cross; and media sources. In addition, any crisis counselors and other human services workers deployed by the SMHA or other public agencies in the immediate aftermath of a disaster may provide information on crisis counseling needs.
- During disasters, victims seek support from trusted members of their own communities rather than behavioral health professionals.
- Further training of these community resource people can expand the availability of behavioral health services after community disasters.


A curriculum initially designed for training behavioral health professionals can be adapted to train community leaders (North, C. S., & Hong, B. A. (2000). Project CREST: A new model for mental health intervention after a community disaster. *American Journal of Public Health*, 90(7), 1057–1058).

## 10 Minutes

## CCP SERVICES

**Range of Crisis Counseling Services**

- Individual/family crisis counseling
- Brief educational or supportive contact
- Group crisis counseling:
  - Support and educational groups
  - Self-help groups
- Assessment, referral, and resource linkage
- Community support and networking
- Public education
- Development and distribution of educational materials
- Media messaging and risk communications



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Building upon the previous discussion, we're going to review the range of crisis counseling services that make up a CCP.

Quickly **review** the range of CCP services.

**Ask** these questions:

- What services were most important during the ISP? Why?
- Where do you see the most need or demand for services now?
- What services do you expect to be most needed in the coming months?

**Transition** to a review of crisis counseling skills.

## 40 Minutes

## INDIVIDUAL/FAMILY CRISIS COUNSELING

**Range of Crisis Counseling Skills**

Quiz Time!

- Find a partner.
- Work together to complete the Crisis Counseling Skills Quiz in your workbook.

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**Tell** participants that we're going to review the basics of crisis counseling skills by completing a quiz. Tell participants this is a review of what they learned in the Core Content Training—that they should try their best but not worry if they don't get all the answers; it's not being scored, and we'll go over the answers together afterward.

**Have** them turn to their workbooks and complete the quiz in pairs.

After the pairs are finished, **review** the answers with the whole group. The answer key is provided at the end of this section of the *Trainer's Guide*.

NOTE: Review the Crisis Counseling Skills section in the Core Content Training prior to facilitating this session.

**Individuals/Families**

Goals of individual/family crisis counseling—assist participant(s) in doing the following:

- Understanding their situations and reactions
- Regaining a sense of mastery and control
- Identifying, labeling, and expressing emotions
- Adjusting to the disaster and losses
- Managing stress
- Making decisions and taking action
- Developing coping strategies
- Using community resources

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**Explain** that now that we've reviewed the basics, we'll take a closer look at some of the tips and techniques participants have learned from their experience with crisis counseling.

**Remind** participants of the basic goals or tasks of crisis counseling.

**Ask** participants to take a moment and reflect upon what they've learned from their experience in crisis counseling. What are some things they have done that have been helpful? Write one tip or technique for each of these eight goals or tasks in their workbooks. (5 minutes)

**Have** participants share their tips and techniques at their tables. (10 minutes)

**Facilitate** a quick sharing of the tips and techniques. (10 minutes)

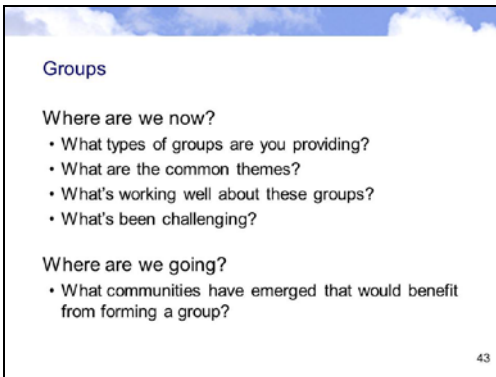
**Give** participants a break, and tell them that when they return we'll be discussing and practicing group crisis counseling.

15 Minutes

BREAK

90 Minutes

## GROUP CRISIS COUNSELING



**Groups**

Where are we now?

- What types of groups are you providing?
- What are the common themes?
- What's working well about these groups?
- What's been challenging?

Where are we going?

- What communities have emerged that would benefit from forming a group?

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**Start** by asking the group where they are now in regard to group crisis counseling.

- What types of groups are you currently providing (e.g., support and education groups, self-help groups)?
- What are the common themes of the groups (e.g., similar levels of exposure, similar needs, special populations)?

**Chart** these responses to refer back to them during the preparation for practice.

- What's working well about these groups?
- What's been challenging (e.g., getting the groups started, maintaining participation, facilitating the sessions, marketing, transitioning to member-led)?

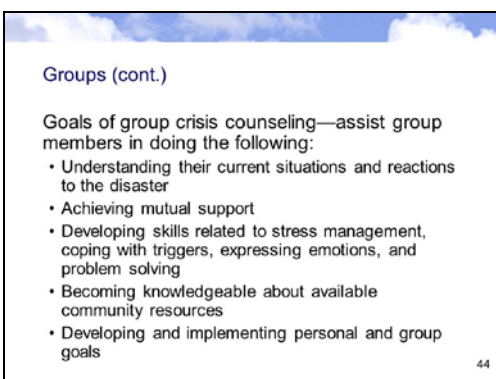
**Facilitate** a brainstorming session to identify what groups will be needed—what communities have emerged that would benefit from forming a group?

**Chart** the responses.

**Review** the goals of group counseling.

Suggested talking points:

- Group counseling may vary from less structured, purely educational groups to more structured support groups. All groups are likely to share some elements of support and education.
- It is important to ensure that group members have had similar levels of exposure to the disaster event. People with low exposure should not be exposed to stories of people whose exposure was significantly higher.
- When members of social support networks are struggling with the disaster's aftermath, counseling groups may augment overloaded support systems.
- Groups can be led by a licensed behavioral health



**Groups (cont.)**

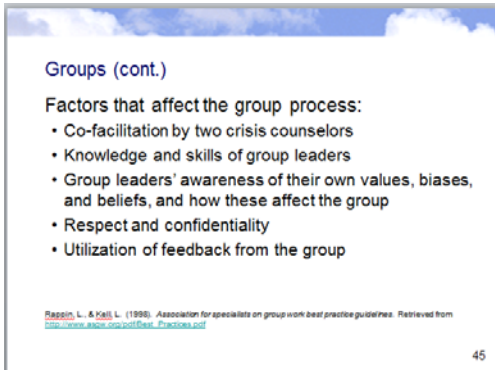
Goals of group crisis counseling—assist group members in doing the following:

- Understanding their current situations and reactions to the disaster
- Achieving mutual support
- Developing skills related to stress management, coping with triggers, expressing emotions, and problem solving
- Becoming knowledgeable about available community resources
- Developing and implementing personal and group goals

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professional, co-facilitated with a behavioral health professional and a paraprofessional, or led by survivors themselves.

- Group crisis counseling refers to services that help group members understand their current situations and reactions to the disaster, review or discuss their options, access emotional support or referral services, and attain skills to cope with their current situations and reactions. In group counseling, participants do most of the talking.



**Groups (cont.)**

Factors that affect the group process:

- Co-facilitation by two crisis counselors
- Knowledge and skills of group leaders
- Group leaders' awareness of their own values, biases, and beliefs, and how these affect the group
- Respect and confidentiality
- Utilization of feedback from the group

Rappin, L., & Kell, L. (1998). Association for specialists on group work best practice guidelines. Retrieved from [http://www.asgw.org/pdf/Best\\_Practices.pdf](http://www.asgw.org/pdf/Best_Practices.pdf)

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**Discuss** the factors affecting the group process.

Suggested talking points:

- Counselors should assess their own skills and knowledge about the group's content to set clear boundaries on how to approach the group process. Group members may inquire about symptoms on which counselors are not authorized to give advice. Counselors can, however, provide concrete information and make appropriate referrals to behavioral health professionals.
- Be aware of personal biases related to religion, spirituality, culture, ethnicity, and gender. It is common and healthy to recognize these qualities for personal reflection, but it is detrimental if these qualities disrupt the group process.
- Respect and maintain confidentiality. A group should be in a safe place in which people, families, and communities can freely share their feelings without worrying about other people knowing their personal business.
- Facilitate the group by making sure that each member has a chance to talk and that no one person is dominating the conversation. Ask a member who has not spoken if he or she would like to talk; however, respect his or her right to just sit back and listen.
- Ask for feedback. Some groups may warrant more structure than others will; however, it can be empowering for group members to become actively engaged in the process of deciding what they would like to achieve in group sessions.

Adapted from Rappin, L., & Kell, L. (1998). Association for specialists on group work best practice guidelines. Retrieved from [http://www.asgw.org/pdf/Best\\_Practices.pdf](http://www.asgw.org/pdf/Best_Practices.pdf)

Groups (cont.)

Group crisis counseling skills:

- Promoting safety and comfort
- Listening
- Modeling effective communication skills
- Facilitating group interaction
- Facilitating the group process
- Dealing with difficult group members and situations

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Groups (cont.)

Group crisis counseling skills:

- Handling difficult subject matter
- Identifying and interpreting shared reactions and experiences
- Assessing and responding to group needs
- Educating members about common reactions, stress management, and effective coping skills
- Identifying and responding to other educational needs
- Facilitating group cohesiveness

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Groups (cont.)

Preparation for practice:

- Think about survivors you have worked with individually or in groups.
- Based on your experience, write a description of a fictional survivor whose role you'll play in the group. Please be careful to maintain confidentiality of actual survivors.
- This survivor role should fit in with the type of group that have been selected to work with in the field.

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**Review** group counseling skills:

- Promoting safety and comfort
- Listening
- Modeling effective communication skills
- Facilitating group interaction
- Facilitating the group process
- Dealing with difficult group members and situations

- Handling difficult subject matter
- Identifying and interpreting shared reactions and experiences
- Assessing and responding to group needs
- Educating members about common reactions, stress management, and effective coping skills
- Identifying and responding to other educational needs
- Facilitating group cohesiveness

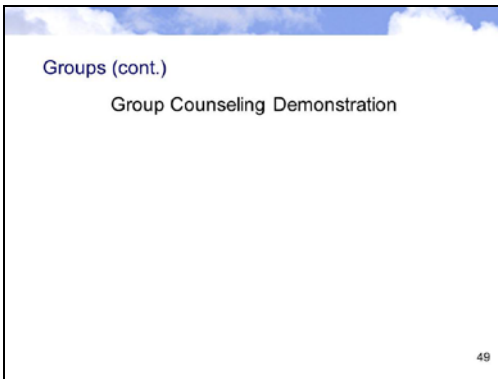
**Tell** participants they're going to practice these skills in a simulated group counseling session next.

**Choose** a type of group and a theme from the discussion at the beginning of the session. You can either select a type of group from the list they brainstormed earlier, or ask the participants to select one.

**Give** the following task instructions:

- Think about survivors you have worked with individually or in groups.
- Based on your experience, write a description of a fictional survivor whose role you'll play in the group. Please be careful to maintain confidentiality of actual survivors.
- This role should fit in with the type of group we or you have selected to work with.

**Tell** participants to make notes in their workbooks.



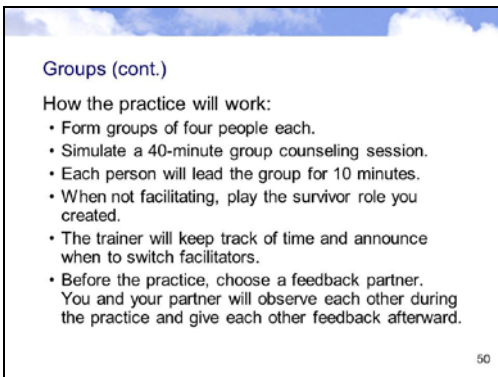
**Ask** for four volunteers from the group to participate in a brief demonstration, in which you'll lead a group and they'll play the role of survivors.

**Ask** those not participating to pay close attention to the skills you see being used and be prepared to talk about it afterwards.

**Give** a brief demonstration (about 10 minutes), in which you lead a group session with the four participants.

**Ask** participants to take a few minutes to reflect and make notes on the worksheet. Then facilitate a discussion about the skills they saw you (the trainer) demonstrating.

**Say** that now they'll have a chance to practice and get feedback from others.



**Explain** that in the practice simulation they'll be working in groups of four and simulating a group counseling session.

- You'll do the simulation for 40 minutes, as one group session. Each person in the group will take turns facilitating for 10 minutes, with each facilitator picking up where the last one left off.
- When you're not facilitating, you will play the survivor role you created before the demonstration. We'll use the same type of group as we did for the demonstration.

**Tell** them that you'll keep track of time and tell them when to switch facilitators.

- Before the practice, you'll have a few minutes to prepare.
- Then, you'll get into your groups and choose a feedback partner. You and your partner will observe each other during the practice and, afterward, will give each other feedback on each other's facilitation.

**Ask** if they have any questions about how the practice will work.

**Tell** them to turn to their workbooks and take a few minutes to prepare for the practice. Give them 5 minutes to prepare.

**Organize** participants into groups of four people each.

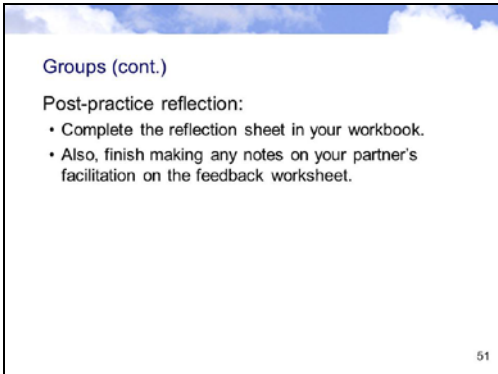
**Remind** them to find a feedback partner within their groups.



**Tell** them to decide the order in which they will facilitate—who will go first, second, third, and fourth.

**Start** the practice. Keep time and have them switch facilitators every 10 minutes.

**Circulate** among groups around the room and observe how they are doing. Note anything you see that you want to mention in the large-group discussion after the practice.



Groups (cont.)

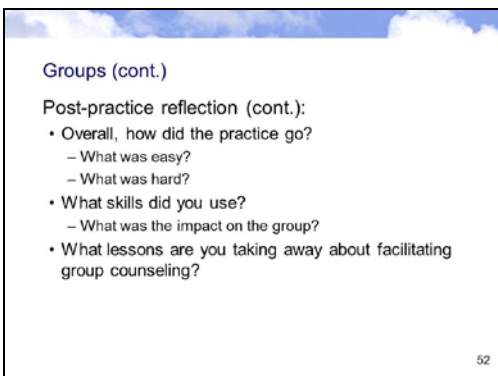
Post-practice reflection:

- Complete the reflection sheet in your workbook.
- Also, finish making any notes on your partner's facilitation on the feedback worksheet.

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After the practice concludes, **tell** the participants take a few minutes to complete the worksheet in their workbooks about how they felt they did when facilitating and to finish making any notes about their partner's facilitation.

**Tell** the partners to pair up and give each other feedback on how they did while facilitating the group.



Groups (cont.)

Post-practice reflection (cont.):

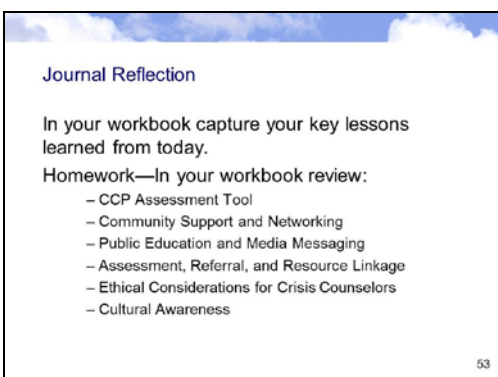
- Overall, how did the practice go?
  - What was easy?
  - What was hard?
- What skills did you use?
  - What was the impact on the group?
- What lessons are you taking away about facilitating group counseling?

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Bring the large group together, and **facilitate** a discussion of the lessons learned from the practice.

- Overall, how did the practice go? What was easy? Challenging?
- What skills did you use? What was the impact on the group?
- What lessons are you taking away about facilitating group counseling?

During the discussion, let the participants give their impressions first; then, add your observations about the practice. If you start by giving your assessment, it might inhibit the participants' willingness to contribute their views.



Journal Reflection

In your workbook capture your key lessons learned from today.

Homework—In your workbook review:

- CCP Assessment Tool
- Community Support and Networking
- Public Education and Media Messaging
- Assessment, Referral, and Resource Linkage
- Ethical Considerations for Crisis Counselors
- Cultural Awareness

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Before adjourning for the day, **ask** the participants to complete their journal reflection on today in their workbooks.

Journal questions:

- What are some things you personally can do to help the CCP transition smoothly from ISP to RSP?
- What do you want to remember about how individual and community disaster reactions are changing over time?

- What did you learn today about facilitating group counseling sessions?
- How well are your training needs and expectations being met so far in this course? What suggestions do you have of topics or issues to focus on during tomorrow's sessions?

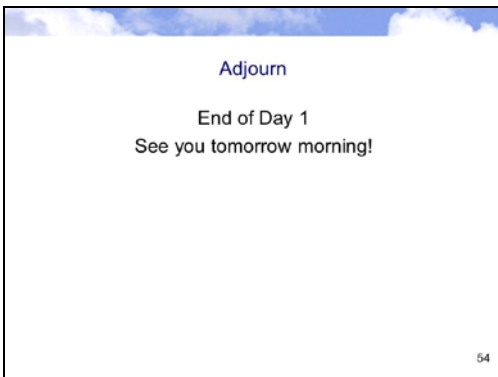
If time permits, **have** them discuss their responses with a partner and then take a few examples in the large group. If time does not permit, be sure to ask for examples from their journal reflections tomorrow morning.

**Tell** participants that tomorrow we'll start by discussing the other CCP services, then move on to data collection, stress management, and an activity visualizing success for the CCP. We'll adjourn by lunchtime tomorrow.

**Homework**—In preparation for tomorrow's session, ask participants to review the Homework Reading section in their workbooks—including the CCP Transition to RSP—Program and Services Assessment Questionnaire; Descriptions and Considerations for CCP Services ; Assessment, Referral, and Resource Linkage; Ethical Considerations for Crisis Counselors; and Cultural Awareness.

NOTE: The trainer should also review these materials before Day 2.

**Adjourn** for the day.





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## Crisis Counseling Skills Quiz—Instructor's Answer Key

List three things crisis counselors should provide during encounters.

1. Information
2. Education
3. Reassurance

### Word Search for Crisis Counseling Skills

Find these crisis counseling skills in the puzzle below.

Engagement

Opening

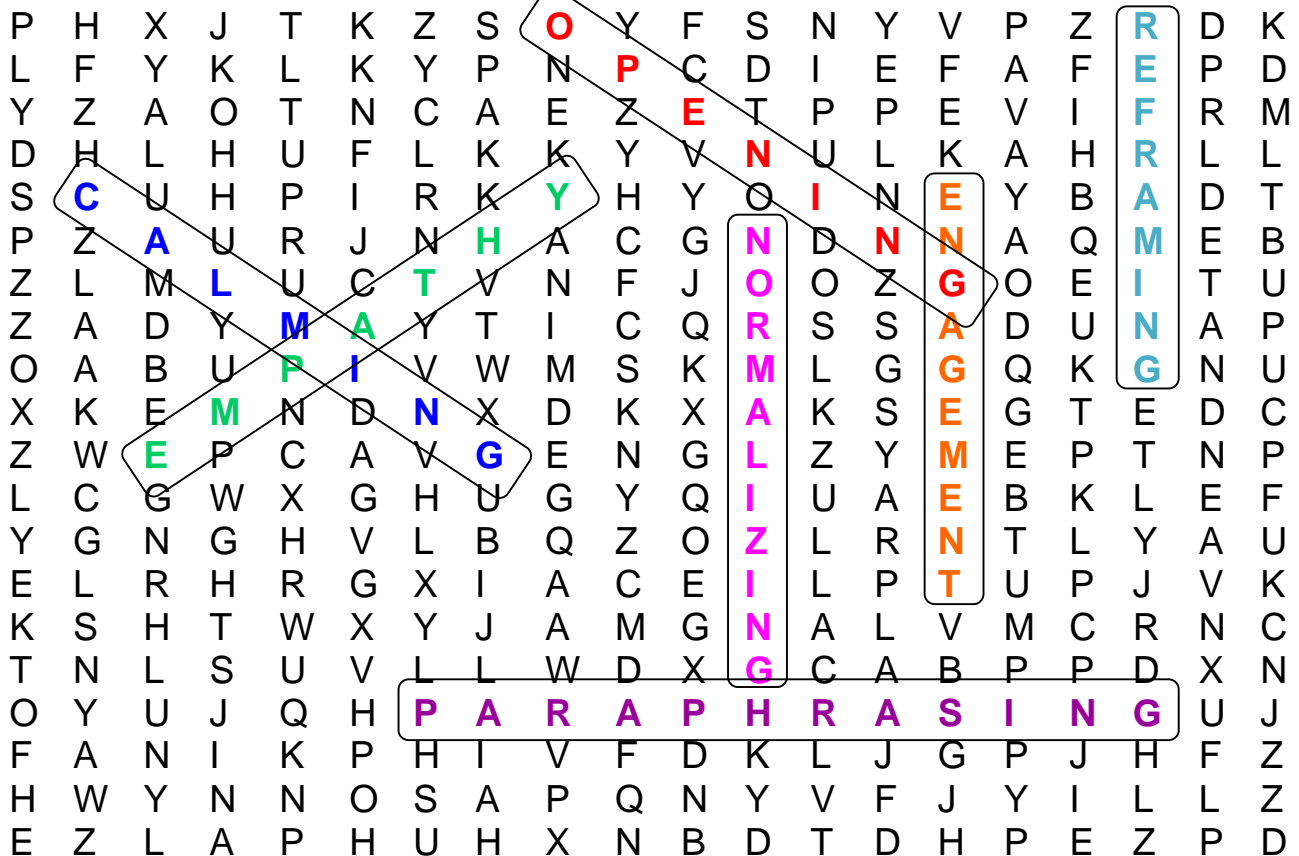
Calming

Reframing

Empathy

Paraphrasing

Normalizing



## Matching Skills and Definitions

Match the skills with the appropriate definition by drawing a line connecting the skill and the definition (or by writing the letter of the definition next to each skill).

1. Engagement	<b>F</b>	A. Lets the survivor know you are aware of how he or she is feeling
2. Opening	<b>D</b>	B. Reassures the survivor that his or her reactions are common
3. Calming	<b>H</b>	C. Applies a new interpretation to a statement or problem
4. Reflecting feelings	<b>A</b>	D. Indicates that you're ready to listen and want to hear more
5. Reframing	<b>C</b>	E. Helps determine or demonstrate that you have accurately heard what has been said
6. Empathy	<b>G</b>	F. A means of reaching affected individuals to provide crisis counseling
7. Paraphrasing	<b>E</b>	G. Demonstrates that you are trying to understand how the survivor is experiencing the disaster
8. Normalizing	<b>B</b>	H. Measures taken if the individual is too agitated to talk or is showing extreme fear or panic

## **Survivor Tools: Goal Setting, Social Support, Coping**

What are the four key steps to teach survivors about goal setting?

1. Identify their needs.
2. Prioritize needs.
3. Develop a plan of action.
4. Follow through on the plan.

List five different kinds of social supports to which survivors might reach out:

1. Family
2. Friends
3. Religious affiliations/groups
4. Support groups
5. Mental health/substance abuse service providers

Identify three coping actions survivors can take:

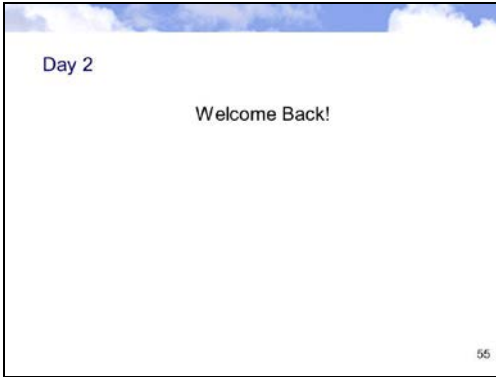
1. Talking to another person for support
2. Getting adequate rest, nutrition, exercise
3. Engaging in positive distracting activities (sports, hobbies, etc.)

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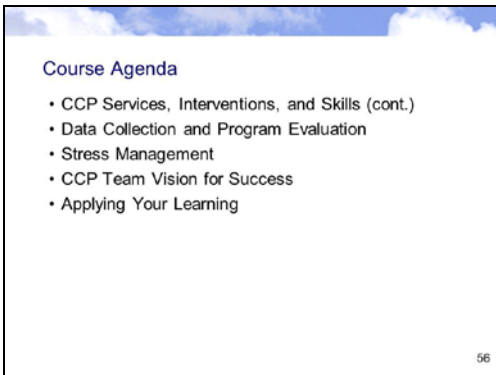
## SECTION 3: Services, Interventions, and Skills (cont.)

5–15 Minutes

### WELCOME AND GETTING STARTED



Welcome participants back to the second day of the course.



**Review** the agenda for today.

If you didn't have participants discuss their journal reflections yesterday, do it now. **Tell** participants to find a partner and discuss their journal reflections. **Hear** a few examples of their journal responses in the large group.

**Check in** with participants to see if they have any questions remaining about the topics we discussed yesterday.

**Ask** if there are any questions about the readings from last night. Most of the reading should have been a review for them, not new information. Encourage them to consider the readings during the discussion this morning.

**Discuss** the CCP Transition to RSP—Program and Services Assessment Questionnaire from the reading. These are the types of questions the program should use for assessment as it transitions from ISP to RSP. We are addressing and discussing many of these questions during this workshop, but not all of them. Program management should be sure to review this list and actively seek to answer the questions—both among the management team and by soliciting staff input and perspectives.

### CCP Services Roundtables

#### Topics:

- Community Support and Networking
- Public Education and Media Messaging
- Assessment, Referral, and Resource Linkage
- Cultural Awareness

#### Focus of discussion:

- What are we doing now?
- Where do we go from here?

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**Tell** participants that this morning we are going to start with a series of roundtable discussions about other CCP services beyond individual and family and group crisis counseling.

The purpose of these discussions, in keeping with the theme of this course overall, is to provide an opportunity to assess what they're currently doing in these areas and where they want to go from here.

#### Topics:

- Community support and networking
- Public education and media messaging
- Assessment, referral, and resource linkage
- Cultural awareness

### Preparation for Roundtables

Organize the room into four tables—one for each of the topics. If you have more than 25 participants, you'll want to have more than four tables. Each table should have about four to six participants.

Designate the topics for each table by placing an easel stand/tear sheet next to it with the topic and the associated questions on it.

Place tear sheets on the top of each table for people to write/draw key ideas. Provide markers for each table.

**Have** participants choose which topic they'd like to start with and go to that table. Adjust the number of people at each table, if necessary, to make sure participants are evenly spread out across the tables.

**Describe** how the roundtables will work. During this session, there will be two rounds of conversation, 20 minutes each. This means individuals will not have a chance to discuss every topic. Participants should choose which two topics they are most interested in discussing.

Each table will have questions related to their service to guide their discussion. The questions will be related to what the program has done thus far in that service area, and what it should do in the future.

### CCP Services Roundtables (cont.)

#### Process:

- Conduct two rounds of discussion, 20 minutes each.
- Discuss the questions listed.
- Choose the two topics you are most interested in discussing.
- Each table will have a "host" who stays for both rounds of discussion.
- The host's role is to facilitate the discussion and keep track of patterns and themes.

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**Table Questions (In the CCP Participant Workbook, p. 45)**

Community support and networking:

- What is the program doing to provide community support and networking?
- What are the emerging community needs?
- What opportunities for further outreach exist?

Public education and media messaging:

- What is the program doing in public education and media messaging?
- How are the needs for public education and media messaging changing over time?
- What opportunities exist for extending the reach of your public education activities and media messaging?

Assessment, referral, and resource linkage:

- How are you doing assessment, referral, and resource linkage?
- How are the needs for assessment, referral, and resource linkage changing over time?
- What opportunities exist for improving assessment, referral, and resource linkages?

Cultural awareness:

- How are the program's services culturally appropriate?
- What opportunities exist to increase the cultural awareness of the program?

At the end of the first round, one person stays at the table as the "host," and others rotate to other tables, carrying key ideas, themes, and questions into new conversations. The role of the "host" at each table is to facilitate the discussion and to identify connections and patterns across both rounds of discussion.

You may want to have four members of the program management team be the hosts for the four tables. Discuss this with them beforehand to see if they would like to do this.

Otherwise, you can ask for volunteers at each table at the start of the first round.

**State** that the hosts will be expected to give a short report out on the key themes and highlights from the discussions after both rounds are completed.

**Ask** the hosts at each table to identify themselves by raising their hands.

**Start** the first roundtable session.

**Call time** at the end of 20 minutes. **Remind** the hosts to stay where they are, and **ask** the participants to move to another table. **Adjust** the number of people at the tables, if necessary.

**Start** the second roundtable session.

**Call time** after 20 minutes.

After the second round, **facilitate** conversation for the whole group about key ideas and insights and any patterns that emerged. **Ask** the hosts to report out on their topics first; then, invite others to contribute additional points.

**Bring** the conversation to a close, and **transition** to the next section on data collection and program evaluation.



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# SECTION 4: Data Collection and Program Evaluation (1 hour)

5 Minutes

## SESSION INTRODUCTION

### Section 4—Data Collection and Program Evaluation

- Importance of Data Collection and Program Evaluation
- Data Collection Tools
- Opportunities for Improvement

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**Explain** that in the next hour, we'll focus on the uses and importance of data collection, reviewing the tools available for data collection.

Remind the CCP staff that they should have completed another forms training following the Core Content Training, and that this section is an overview of some of the forms that are probably already being used.

This section will also review several new feedback forms that will be administered during the RSP.

### Session Objectives

- Describe the importance of data collection and program evaluation.
- Identify how data and evaluation have been used in the ISP.
- Describe the data collection forms that will be used in the RSP.
- Identify how data will be used in the RSP.

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**Review** the session objectives:

- Describe the importance of data collection and program evaluation.
- Identify how data and evaluation have been used in the ISP.
- Describe the data collection forms that will be used in the RSP.
- Identify how data will be used in the RSP.

#### Importance of Data Collection and Program Evaluation

How have data collection and analysis:

- Assisted program managers?
- Assisted crisis counselors?
- Assisted in identifying program trends and survivor needs?
- Documented the program's accomplishments?
- Provided accountability to stakeholders (e.g., Congress, Government Accountability Office, federal agencies)?

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To start this session, **facilitate** a discussion about how data collection has been used in the CCP.

How have data collection and analysis:

- Assisted program managers?
- Assisted crisis counselors?
- Assisted in identifying program trends and survivor needs?
- Documented the program's accomplishments?
- Provided accountability to stakeholders (e.g., Congress, Government Accountability Office, federal agencies)?

20 minutes

## DATA COLLECTION FORMS

#### Importance of Data Collection and Program Evaluation (cont.)

Program evaluation is a systematic effort to collect, analyze, and use data to inform and improve service delivery.

The components of program evaluation are:

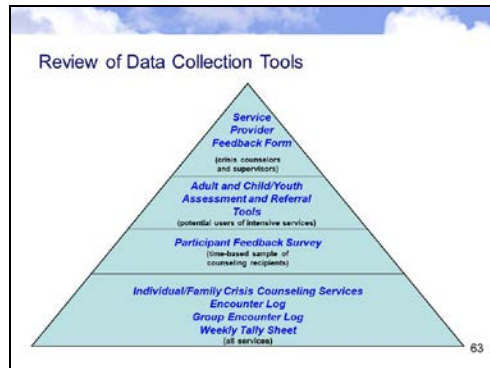
- Data collection: A process of gathering information about survivors and services
- Data analysis: A process of reviewing and interpreting the information that has been collected
- Feedback loop: A process of sharing findings from the analysis and developing a strategy to address them
- Program evaluation plan: An ongoing process to inform and improve service delivery

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**Discuss** the importance of data collection and program evaluation.

Suggested talking points:

- Program evaluation refers to systematic efforts to collect, analyze, and interpret information about the execution or effectiveness of interventions.
- Whether questions concern how to improve the reach of the service delivery system or the efficacy of the services themselves, program evaluation provides an empirical basis for the answers.
- Data collection is performed by the crisis counselors.
- Data analysis is performed by program managers.
- The feedback loop is performed by program managers with input from the crisis counselors.
- The program evaluation plan is implemented by the crisis counselors and team leaders and monitored by the program managers.



**Present** an overview of the data collection forms.

Suggested talking points:

- The pyramid indicates prevalence of use of the forms.
- The bottom section of the pyramid houses the three main forms used by all crisis counselors throughout the program (both ISP and RSP).
- The top three sections show forms that are used less frequently, according to the instructions for each form's use.
- The forms are cleared by the federal Office of Management and Budget (OMB) and have an official OMB number. They may be altered only by SAMHSA through a formal process and may not be changed by the states.
- Every CCP is required to utilize and complete all of these forms, as appropriate.
- Included with each form is a page of detailed instructions for your reference.

Note that we will next provide a brief overview of each of the data collection forms.

Data Collection Tools

Individual/Family Crisis Counseling Services Encounter Logs:

- Document interactions with individuals or families, last at least 15 minutes, and involve participant disclosure
- Capture visit type, demographic information, number of people involved in encounter, location, risk categories, event reactions, focus of encounter, materials provided, and referrals
- Are completed by the crisis counselor after the encounter ends but before moving to the next activity

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**Review** the Individual/Family Crisis Counseling Services Encounter Log.

Quickly review this tool. It was covered in the Core Content Training and in the initial SAMHSA DTAC Forms Training.

Data Collection Tools (cont.)

Group Encounter Logs:

- Document group crisis counseling (in which participants do most of the talking) and public education (in which the counselor does most of the talking)
- Measure encounter characteristics, group identities, and focus
- Are completed by the crisis counselor after the encounter ends but before moving to the next activity

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**Review** the Group Encounter Log.

Quickly review this tool. It was covered in the Core Content Training and in the initial SAMHSA DTAC Forms Training.


**Note** that crisis counselors should be encouraged to use the Group Encounter Log to capture a wide range of public education and community activities, in addition to more formal group crisis counseling.

The Group Encounter Log is the form that you will likely begin to use more often in the RSP than in the ISP.

**Data Collection Tools (cont.)**

**Weekly Tally Sheets:**

- Document brief educational and supportive contacts (less than 15 minutes), telephone calls, e-mails, and material distribution
- Include information for 1 week (beginning Sunday)
- Tally services at the county level, using three-digit county code
- Should be completed by crisis counselors or designated staff for each county in which they work (one sheet for each county)



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**Review** the Weekly Tally Sheet.

Quickly review this tool. It was covered in the Core Content Training and in the initial SAMHSA DTAC Forms Training.

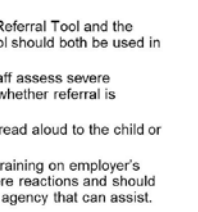
**Note** that the county is the county in which the services were provided, rather than the county in which a person lives. Every state has assigned three-digit county codes to each county.

Note that we will next review the advanced evaluation tools that should also be used, as appropriate.

**Data Collection Tools (cont.)**

**Assessment and Referral Tools:**

- The Child/Youth Assessment and Referral Tool and the Adult Assessment and Referral Tool should both be used in the ISP and the RSP, as needed.
- These tools can be used to help staff assess severe reactions and to help them decide whether referral is needed.
- The questions are supposed to be read aloud to the child or the parent during the encounter.
- Staff should be provided separate training on employer's protocol for how to respond to severe reactions and should have identified at least one referral agency that can assist.



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**Review** both the Adult Assessment and Referral Tool and the Child/Youth Assessment and Referral Tool.

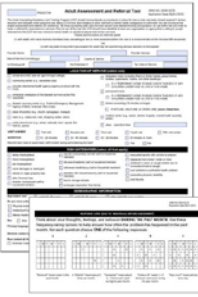
Suggested talking points for both of these forms:

- Both tools are used in the ISP and the RSP as needed.
- CCP program managers will provide separate training and instructions for when and how these forms will be implemented.
- While these forms are specifically recommended for use during the third encounter, either can be used at any point when a crisis counselor, in conjunction with a team leader, feels additional assessment may be warranted (for example, during specialized crisis counseling or to keep track of the progress of an individual survivor).
- Event reactions are assessed using the Short Posttraumatic Stress Disorder Rating Interview (expanded version, the SPRINT-E), which has been validated in a CCP context.
- The Individual/Family Crisis Counseling Services Encounter Log should also be filled out if an encounter lasting 15 minutes or more precipitated the use of the Adult or the Child/Youth Assessment and Referral Tool. If a followup visit is scheduled by a team leader to administer the tool, then only this form needs to be completed.
- These tools serve as a reminder that crisis counseling is intended to be a short-term intervention. Managers need to ensure that protocols are in place in their settings to ensure that individual/family crisis counseling does not become therapy.

**Data Collection Tools (cont.)**

**Adult Assessment and Referral Tool and Response Card:**

- This is used to facilitate referrals to more intensive behavioral health services.
- It is typically used during a third encounter but can be used at any time to assess those who may be experiencing serious reactions.
- It measures risk categories and event reactions using a structured interview approach.
- If a person scores three or more "intense" reactions (ones scored 4 or 5), then referral for more intensive services should be discussed.




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**Data Collection Tools (cont.)**

**Child/Youth Assessment and Referral Tool and Response Card:**

- Used to facilitate referrals to more intensive behavioral health services
- Typically used with children on the third visit, but can be used at any time the crisis counselor suspects the child may be experiencing serious reactions to the disaster
- Includes questions for the parent about the child (required for children ages 0–7)
- Measures reactions using a structured interview approach



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- Unlike the Individual/Family Crisis Counseling Services Encounter Log, the questions on these forms are supposed to be read aloud to the individual as an interview guide. There are instructions on each form on how to do this.
- At the end of the form, you should review the responses that are highly rated and be prepared to offer the respondent a referral for more intensive services.
- You should also have a plan in place (that adheres to your employer's protocol) for what to do if the individual says "yes" to the question "Is there any possibility that you might hurt or kill yourself?"
- A crisis counselor can still make visits to a survivor who has received an assessment and referral.

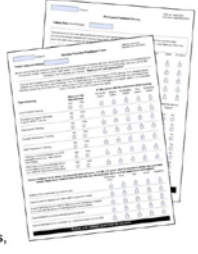
**Facilitate** a discussion with the participants around the following questions:

- What cues that tell you that a person needs assessment and possibly also referral?
- What resources do you have to refer people to?
- When should you contact your supervisor?

**Data Collection Tools (cont.)**

**Program Evaluation Tools:**

- Two feedback forms are administered during the RSP (typically at 6 and 12 months after the disaster).
- These provide feedback to CCP managers on
  - Client perceptions of service quality and personal improvements in functioning
  - Perspectives from staff on workload, usefulness of trainings, etc.



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**Explain** that two feedback surveys are introduced during the RSP for evaluation purposes (typically at 6 and 12 months after the disaster).

The information gathered provides feedback to CCP managers about client perceptions of service quality and personal improvements in functioning. Perspectives from the CCP crisis counseling staff are also gathered about the staff's workload, perceived usefulness of trainings, etc.

**Data Collection Tools (cont.)**

**Participant Feedback Surveys:**

- Are used to obtain feedback about the program
- Are conducted twice during an RSP
- Survey all adults receiving individual/family or group crisis counseling
- Provide some data about immediate outcomes of crisis counseling



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## **Introduce** the Participant Feedback Survey.

### **Suggested talking points:**

- This survey captures information about disaster exposure and event reactions that have been experienced. It also measures client perceptions about the CCP services they have received.
- Typically, the survey is conducted at 6 and 12 months after the disaster event, which is usually in the second half of the first quarter and at the end of the second quarter of the RSP. Exact timing should be determined in consultation with the assigned SAMHSA Project Officer.
- It is recommended that the Participant Feedback Survey packet contain a cover letter, survey, pen, and stamped return envelope. The participants mail the survey back to an identified central location. The provider who distributed the surveys does not collect the surveys.

### **Briefly review** the sections of the surveys:

- The first page includes questions to gauge what kinds of services were received and whether those services were helpful.
- The second page questions how helpful the CCP was to the recipient and concludes with a section describing on the ways in which the respondent was exposed to the disaster.
- The back third page of the survey collects information on event reactions and provides contact information so the respondents can talk with a crisis counselor about their reactions. It also asks several questions comparing the survivor's perceptions of how he or she was doing before the disaster and how he or she is doing now. The survey concludes with items on basic demographics, language, and disability status.

### **Explain** how it is administered:


- The providers need to keep track of the number of surveys distributed and provide this information to the state CCP evaluation coordinator.
- The crisis counselor must be invested in the process and emphasize the importance of the process to the participant. Participants must be convinced that the survey is a serious endeavor. It is their opportunity to identify needs and rate how well the program is meeting those needs.



**Data Collection Tools (cont.)**

**Service Provider Feedback Form:**

- It is used to capture crisis counselors' opinions about their training, resources, supervision, workload, support, and overall quality of the CCP.
- It is collected anonymously from crisis counseling staff around 6 and 12 months after the disaster.



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## **Introduce** the Service Provider Feedback Form.

### **Suggested talking points:**

- This form collects feedback from crisis counselors who provide direct, face-to-face services, and their immediate supervisors (team leaders).
- Feedback is collected twice during the CCP, at around 6 and then 12 months after the disaster (typically within the RSP).

### **Briefly review** the sections of the feedback form:

- The first section asks staff to evaluate the usefulness of the CCP trainings they have received.
- The next section asks staff to evaluate supervision, opportunities for growth, workload, and adequacy of tools provided.
- The section that follows is composed of five questions about stress.
- The feedback form requires management to include a phone number of someone outside of the chain of supervision whom counselors can call to receive assistance if they are feeling especially stressed.
- The final section inquires about demographics and tenure and includes a space to write comments.

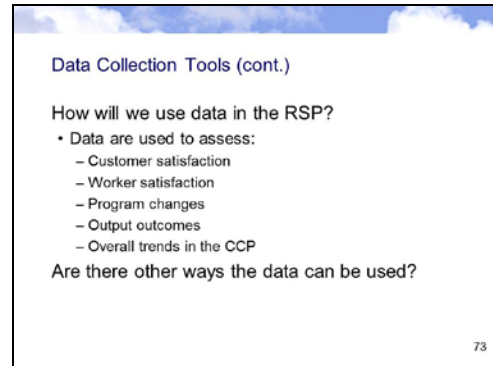
### **Explain** how it is administered:

- The forms are disseminated by the state CCP evaluation coordinator and in coordination with templates provided by SAMHSA DTAC.
- CCP leadership staff should convey the reasons for and importance of the survey, explaining why high response rate matters.
- CCP crisis counseling staff complete the forms online. Paper administration is acceptable only when online administration is not possible.
- The feedback is provided anonymously. The crisis counselor's identity is protected by lack of identifying information, return of the survey to an external evaluator, and aggregation of results.
- SAMHSA DTAC will provide the state CCP evaluation coordinator with summary information regarding the results of the survey, but not with the surveys themselves.



20 Minutes

## DATA COLLECTION IN THE RSP



Data Collection Tools (cont.)

How will we use data in the RSP?

- Data are used to assess:
  - Customer satisfaction
  - Worker satisfaction
  - Program changes
  - Output outcomes
  - Overall trends in the CCP

Are there other ways the data can be used?

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**Facilitate** a discussion about how data will be collected and used in the RSP.

**Ask** specifically—what will change during the RSP about how you collect data?

What will change in the RSP about how you use data?

Bring this session to a close and give participants a break before proceeding to the next section on stress management.

15 Minutes

BREAK

# SECTION 5: Stress Management for Staff

## (1 hour, 15 minutes)

5 Minutes

## SESSION INTRODUCTION

### Section 5—Stress Management for Staff

- Typical Stressors
- Warning Signs of Excessive Stress
- Individual and Family Approaches to Stress Management
- Organizational Approaches to Stress Management

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**Introduce** this session by telling participants that stress management is absolutely crucial in a CCP and something that must be carefully attended to during the longer RSP.

At the core of a CCP are its staff—the program's success is directly dependent on staff's ability to regulate their own stress. Particular care needs to be taken to address and process the effects this exposure can have on the crisis counselor.

There are two key elements to stress management—personal stress management and organizational approaches to stress management. The individual must take measures to manage his or her own stress, but the organization must also do its part to support staff and minimize the amount of stress placed upon them.

In this session, we will explore both personal stress management and organizational stress management.

**Review** the session objective:

- Update personal and organization strategies for managing stress.

### Session Objective

- Update personal and organizational strategies for managing stress.

75

35 Minutes

## PERSONAL STRESS MANAGEMENT

### Typical Stressors

How stressful are these for you?

- Repeatedly hearing survivors' distressing stories
- Approaching survivors who may reject help
- Feeling overwhelmed by the sadness of others
- Feeling unable to alleviate the pain of others
- Working long hours
- Having personal experience with the disaster

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**Note** that the first step in personal stress management is self-awareness around what causes you stress.

**Review** the list of typical stressors.

**Tell** participants that we're going to poll them about what causes them stress.

**Have** participants complete the stress management activity in their workbooks.

#### Typical Stressors (cont.)

- Imagine a scale running the length of this room.
- Go stand at the point on the scale that represents how stressful this factor is for you.
- Discuss with the others gathered there:
  - Why this factor is or isn't stressful for you
  - What you do to manage the stress you do feel from this stimulus

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**Ask** them to imagine a Likert scale (1 to 5, 1 being the lowest, 5 being the highest) running the length of the classroom. Tell them which end of the room represents 1 and which end represents 5, and show them where the middle is.

**Choose** three stressors from the list on the slide.

**Read** off the first stressor you've selected and ask participants to go and stand on which part of the scale fits with how stressed they are by this factor.

For example, if you find it very stressful to hear survivors' stories, please go stand in the part of the room that represents 5 on the scale. If you find it somewhat stressful, stand in the middle. If you don't find it stressful at all, go stand in the part of the room that represents 1 on the scale.

**Discuss** these items with the other people gathered there:

- Why this factor is or isn't stressful for you
- What you do to manage the stress you do feel from this stimulus

**Ask** the groups to quickly share the highlights of their discussion.

**Repeat** for the second and third stressor.

**Ask** participants to take their seats again. Transition to talking about warning signs of excessive stress.

**Review** the warning signs of excessive stress.

Suggested talking points:

- As with disaster survivors, assessment of crisis counselors hinges on the question of how much stress is too much.
- Disaster workers commonly experience many reactions that have limited impact on performance. However, when a number of reactions are experienced simultaneously and intensely, functioning is likely to be impaired. Under these circumstances, the worker should take a break from the disaster assignment for a few hours at first, and then longer, if necessary. If normal functioning does not return, the person needs to discontinue the assignment.
- Supervision is essential when a disaster worker's personal coping strategies are wearing thin.
- Suggestions can be made for stress-reduction activities. Usually, stress symptoms will gradually subside when the worker is no longer in the disaster relief environment. However, if this does not occur, then professional behavioral health

#### Warning Signs of Excessive Stress

- You cannot shake distressing images from your mind.
- Work consumes you at the expense of family and friends.
- You experience an increase in substance use or abuse.
- You are excessively irritable and impatient.
- You exhibit other serious or severe reactions.

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assistance is indicated.

**Warning Signs of Excessive Stress (cont.)**

- Complete the warning signs for excessive stress checklist in your workbook.
- Then complete the personal stress management plan.
- When you're finished, share your stress management plan with a partner.

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**Have** participants fill out the checklist for warning signs of excessive stress and the stress management plan worksheet.

**Ask them to discuss** their responses with a partner and identify what positive steps they will take to manage their individual stress level.

**Tell** them that they don't have to discuss the warning signs checklist if they don't want to; that's for their own personal use.

**Give** the pairs about 10 minutes to talk. Ask for a few examples from the pairs of specific actions they identified to better manage their stress.

**Transition** to organizational approaches to stress management.

## 20 Minutes

## ORGANIZATIONAL APPROACHES TO STRESS MANAGEMENT

**Organizational Approaches to Stress Management**

- Complete the scorecard in your workbook.
- When you're finished, review the Organizational Approaches to Stress Management table on the next page.

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**Re-emphasize** how important it is for program management to pay attention to organizational stress management.

**Tell** participants that we want to take some time to review the organizational stress management measures the program currently has in place and identify some opportunities for improvement.

**Ask** them to complete the Organizational Stress Management Scorecard in their workbooks.

**Organizational Approaches to Stress Management (cont.)**

- Discuss your scorecard responses.
  - On which items did you score the highest? Why?
  - On which items did you score the lowest? Why?
- Identify three priority actions to improve organizational stress management.

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**Have** participants work in groups to do the following:

- Discuss your scorecard responses. On which items did you score the highest, and on which did you score the lowest? Why?
- Identify three priority actions to improve organizational stress management.

You may want to assign a specific area for each table to focus on when generating recommendations—e.g., supervision, training, crisis counseling skills, etc.

**Make sure** that each group has a member of the program management staff in it to hear the conversation firsthand.

Organizational Approaches to Stress Management (cont.)

Group reports:

- One or two items on which we scored the highest and why
- One or two items on which we scored the lowest and why
- Three priority actions to improve organizational stress management

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**Have** each group report out on the following things:

- The one to two items on which they scored the highest and why
- The one to two items on which they scored the lowest and why
- Their three priority actions

**Chart** the actions and give to management for followup action.

Bring this session to a close. **Segue** to the closing team building activity.

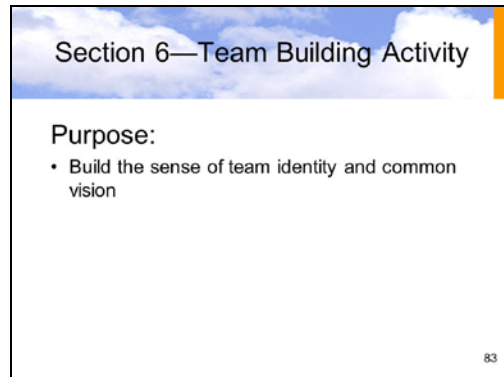
15 Minutes

BREAK

# SECTION 6: Team Building Activity (45 minutes)

5 minutes

## SESSION INTRODUCTION



Section 6—Team Building Activity

Purpose:

- Build the sense of team identity and common vision

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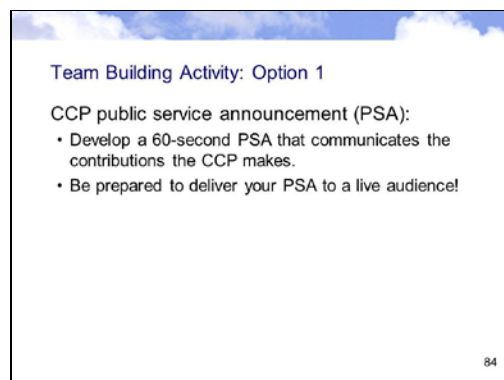
**Introduce** this session by telling participants that it is very important for all the CCP staff to function well as a team during the RSP. One thing that all effective teams have in common is that they have a shared goal and a common vision. We'd like to end this training by engaging in a team building activity that will help to solidify the common goal or vision that you all share.

**Review** the purpose of this session:

- Build the sense of team identity and common vision.

40 minutes

## TEAM ACTIVITY OPTIONS



Team Building Activity: Option 1

CCP public service announcement (PSA):

- Develop a 60-second PSA that communicates the contributions the CCP makes.
- Be prepared to deliver your PSA to a live audience!

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**Option 1: Public Service Announcement (PSA)**

**Divide** the participants into small groups (about four to six participants each).

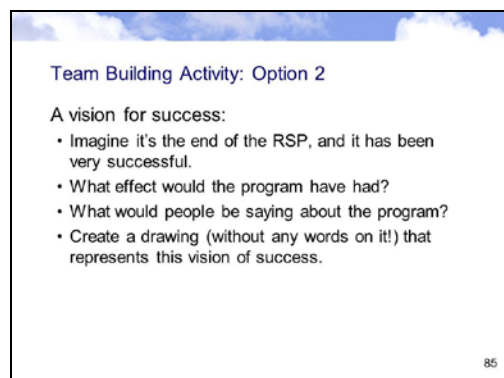
**Give** the following task instructions:

- Develop a 60-second PSA that communicates the contributions the CCP makes.
- Be prepared to deliver your PSA to a live audience!

**Have** each group present their PSA. Lead the group in enthusiastic applause after each PSA is presented.

After all PSAs have been “aired,” **ask** the group:

- What common themes stand out for you?
- What does this say to you about your shared vision for the program?



Team Building Activity: Option 2

A vision for success:

- Imagine it's the end of the RSP, and it has been very successful.
- What effect would the program have had?
- What would people be saying about the program?
- Create a drawing (without any words on it!) that represents this vision of success.

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**Option 2: A Vision for Success**

**Divide** the participants into small groups (about four to six participants each).

**Give** the following task instructions:

- Imagine it's the end of the RSP, and it has been very successful.
- What effect would the program have had?
- What would people be saying about the program?
- Create a drawing (without any words on it!) that represents this vision of success.

When the groups are finished, **show** each drawing, one at a time, to the whole group. **Ask** the “artists” to keep silent at first, while the others interpret what they see represented in the drawing. Then **have the artists** confirm or correct the interpretations.

After all the drawings have been viewed and discussed, ask the whole group these questions:

- What common themes do you see represented across the drawings?
- What does this say to you about your shared vision of success for the CCP?

Team Building Activity: Option 3

CCP billboard:

- Design a billboard advertising the CCP.
- Start by determining the three key messages you want to convey about the program.
- Be prepared to present your billboard to the Selection Committee for approval!

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### Option 3: CCP Billboard

**Divide** the participants into small groups (about four to six participants each).

**Give** the following task instructions:

- Design a billboard advertising the CCP.
- Start by determining the three key messages you want to convey about the program.
- Be prepared to present your billboard to the Selection Committee for approval!

**Have** each group present their billboard. Lead the group in enthusiastic applause after each is presented.

After all the billboards have been presented, ask the whole group these questions:

- What common themes do you see across the billboards?
- What does this say to you about your shared vision for the program?

**Thank** participants for their effort and creativity.


**Invite** the program leadership to make any closing remarks.

Bring this session to a close, and **transition** to the final section on applying your learning and course evaluation.

Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Technical Assistance Center (DTAC)

SAMHSA DTAC supports SAMHSA's efforts to prepare states, territories, and local entities to deliver an effective behavioral health response during disasters.

- Toll-Free: 1-800-308-3515
- E-mail: [DTAC@samhsa.hhs.gov](mailto:DTAC@samhsa.hhs.gov)
- Web: <http://www.samhsa.gov/dtac>



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# Applying Your Learning and Course Evaluation (15 minutes)

## 10 minutes APPLYING YOUR LEARNING

Tell participants that what we're about to do is the most important part of any course. Studies have shown that if you don't use new skills you have acquired during training within 2 weeks of the course, those new skills are lost to you, and so it is essential to take a few moments to review your learning and set your intention to apply what you have learned in the real world.

**Have** participants turn to their workbooks and complete the worksheet there. **Give** them about 5 minutes to complete it.

**Tell** the participants to find a partner and share their plans with each other.

**Encourage** them to make a commitment to check back in with each other in 2 weeks to see if they're following through on the actions they've identified.

**Give** them about 5 minutes for their discussion.

**Ask** for a few examples of the following:

- Key areas of learning
- Specific actions they intend to take to apply this learning

## 5 minutes COURSE EVALUATION

**Have** participants complete the course evaluation form that is in their workbooks.

**Encourage** them to write specific comments on the form, as the feedback is collected and use to improve delivery of this course in the future.

**Thank** them for their time, hard work, and attention.



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## Crisis Counseling Assistance and Training Program Training Feedback Form for Trainers and Leadership

CCP Name/Disaster Number: \_\_\_\_\_

1. The content of this training module included all of the elements necessary for participants to adequately understand and deliver Crisis Counseling Assistance and Training Program (CCP) services.

Strongly Disagree

Strongly Agree

1

2

3

4

5

2. The supporting materials, including slides, handouts, and instructor's notes, facilitated effective delivery of module content.

Strongly Disagree

Strongly Agree

1

2

3

4

5

3. The content of the training module was thorough and well organized.

Strongly Disagree

Strongly Agree

1

2

3

4

5

4. The material was adequately covered in the time allowed.

Strongly Disagree

Strongly Agree

1

2

3

4

5

5. The *Exercises and Trainer's Tips* booklet contained activities that effectively facilitated learning.

Strongly Disagree

Strongly Agree

1

2

3

4

5

6. The overall training session was well received by the participants.

Strongly Disagree

Strongly Agree

1

2

3

4

5

7. What elements of this training session were **most** effective in facilitating learning?

8. What, if anything, would you change to improve the content or organization of the training materials?

Thank you for your valued feedback. Please return this form and all the participant evaluations to the state CCP director. Remember to tell the state CCP director to send copies of all forms to SAMHSA DTAC at the following address:

**SAMHSA DTAC**  
9300 Lee Highway  
Fairfax, VA 22301  
1-800-308-3515